



GoBeyond Martial Arts

Division of GoBeyond Fitness Centres
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Spectrum Student Intake Form

Child's Name: _____

Date of Birth mm/dd/yyyy: _____

1. What are you hoping your child gains from participating in our classes:

Physical Development

_____ Strength

_____ Coordination

_____ Balance

_____ Increased Motor Skills

Social and Communication Skills

_____ Group participation

_____ Communication & Listening skills

_____ Teamwork

_____ Cooperative Behaviour

Emotional Development

_____ Build self-confidence

_____ Build resilience

Cognitive Development

_____ Improve focus and attention span

_____ Learn goal setting/progression

2. What are your child's strengths and/or stretches:

Please explain:

3. What is your child's learning style? Please check all that apply:

_____ Visual demonstration

_____ Verbal Directions

_____ Tactile demonstration

_____ Repetition of skill

_____ Detailed breakdowns

4. Does your child have sensory issues? Please check all that apply:

_____ Can't tolerate physical contact by others

_____ Bothered by loud noises

_____ Bright lighting

_____ Hard to establish eye contact

_____ Clothing Restrictions

_____ Other please explain:

5. Does your child have any medical precautions that may prevent them participating in certain activities?

For example, rolling and/or jumping. Please describe:

6. Are there specific situations that trigger behaviors?

Please describe:

7. What level of speech is your child at? Checkmark the appropriate level if applicable.

1. _____ - Requiring very substantial support

Severe deficits in verbal and nonverbal social communication skills

- Severe impairments in functioning
- Very limited initiation of social interactions
- Minimal response to social overtures from others

I.E. A person with few words of intelligible speech who rarely initiates interaction, makes unusual approaches to meet needs only and responds to only very direct social approaches.

2. _____ - Requiring substantial support

Marked deficits in verbal and nonverbal social communication skills

- Social impairments apparent even with supports in place
- Limited initiation of social interactions
- Reduced or abnormal responses to social overtures from others

I.E. A person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication

3. _____ - Requiring support

Without supports in place, deficits in social communication cause noticeable impairments.

- Difficulty initiating social interactions
- Clear examples of atypical or unsuccessful response to social overtures of others
- May appear to have decreased interest in social interactions

I.E. A person who can speak in full sentences and engages in communication but whose to and from conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.